
HOUSING FINANCE AUTHORITY OF LEON COUNTY

Local Government Support Funds

Application

**THIS APPLICATION IS SOLELY FOR THE USE OF APPLICANTS SEEKING THE REQUIRED
MINIMUM LOCAL GOVERNMENT CONTRIBUTION FOR FLORIDA HOUSING FINANCE
CORPORATION SAIL FUNDS OR HOUSING CREDITS**

SUBMIT ORIGINAL APPLICATION WITH 1 COPY TO THE ADDRESS BELOW
IN ADDITION TO A COMPLETE PDF OF THE ENTIRE APPLICATION.

**APPLICATION FEE OF \$1000 IS DUE WITH APPLICATION
CHECK SHOULD BE MADE TO THE HFA OF LEON COUNTY**

Housing Finance Authority of Leon County
Attention: Mike Rogers, Chairman
918 Railroad Avenue
Tallahassee, Florida 32310

SUBMIT ONE (1) COPY (WITH FEE OF \$2500 WITH CHECK MADE OUT TO THE HENDRICKSON COMPANY) AND A PDF
OF THE ENTIRE APPLICATION TO:

THE HENDRICKSON COMPANY
1404 ALBAN AVENUE
TALLAHASSEE, FLORIDA 32301
mark@thehendricksoncompany.com
850.671.5601

GENERAL INFORMATION

A COMPLETE APPLICATION MUST BE SUBMITTED WHICH INCLUDES APPROPRIATE COPIES AND FEES. THE FEES ARE AS LISTED BELOW:

FEES

- \$1,000 Application fee due with original application, check made out to HFA of Leon County
- \$2,500 Review fee, due with copies of application, but mailed to and check made out to The Hendrickson Company

An additional fee of \$5,000 will be due at closing (Closing Fee)

IF ONE OF THE PROPOSED FUNDING SOURCES FOR THIS DEVELOPMENT IS BONDS, THE BONDS MUST BE ISSUED BY HFA OF LEON COUNTY. THE DEADLINE TO APPLY FOR HFA OF LEON COUNTY BONDS WILL BE NOTICED IN THE NOTICE FOR FUND AVAILABILITY.

Please indicate if Applicant will use these funds in conjunction with (check one)

- FHFC HOUSING SAIL/BOND RFA # 2017-108 (FHFC DUE DATE 10-5-2017)
- FHFC HOUSING CREDIT RFA # 2017-111 (FHFC DUE DATE 12-1-2017)

LOCAL GOVERNMENT LOAN REQUEST: Please provide the details of your request for a local government contribution, including the requested loan amount and loan terms, including interest rate, maturity date, amortization, and balloon (if any). The maximum amount of the Local Government Support loan for projects funded by FHFC is the minimum amount that will allow local projects to score five points under the FHFC’s guidelines. This exact amount will be noticed in the Notice of Fund Availability.

LOAN AMOUNT REQUESTED: _____

MATURITY OF LOAN IN YEARS: _____

INTEREST RATE: _____

AMORTIZATION: _____

BALLOON, IF ANY: _____

VALUE OF CONTRIBUTION FOR FHFC APPLICATION PURPOSES: _____

EXPLANATION AND CALCULATION: _____

I. DEVELOPMENT SUMMARY AND TIMELINE

- A. Provide a short narrative description of the Development, including all amenities, unit features and scope of work to be performed. MAJOR DEVELOPMENT AMENITIES WILL BE INCLUDED IN THE LAND USE RESTRICTION AGREEMENT AND/OR THE LOW INCOME HOUSING AGREEMENT, IF APPLICABLE. Also attach as Exhibit ___ a timeline for the completion of the development which includes all key dates, including anticipated timing of permits and credit underwriting, bond closing date, completion of construction, rent up, and stabilization.

C. SUMMARY OF PROPOSED DEVELOPMENT

C. SUMMARY OF PROPOSED DEVELOPMENT	
Name of Development	
Location of Development, by street address, or if no address, by mileage from nearest cross streets. Also, attach a map showing the development's location. The Project <u>must</u> be located in Leon County. (PROJECT THRESHOLD CRITERIA)	
County or City Council District Number	
Developer/ Location (name of controlling company, not of LP or LLC).	
Contact person for application, including name, email, and phone numbers	
Development Type New Construction or Rehabilitation Family, Elderly, or other	
Number of Units, by Bedrooms	
Total Development Cost	
Cost per unit	
Land Cost	
Acquisition of Building Cost if applicable	
Hard Rehab Cost or Construction Cost	
General Contractor	
Set Aside Period (Minimum required 50 years)	
Set Aside Levels (PROJECT THRESHOLD CRITERIA)	
Current Zoning (PROJECT THRESHOLD CRITERIA)	
Evidence of Site Control (PROJECT THRESHOLD CRITERIA)	

II. APPLICANT INFORMATION

A. Applicant Name: _____

Must be a legally formed entity (i.e., limited partnership, corporation, etc.) qualified to do business in the State of Florida at the time of submission of Application.

B. If partnership, name of general partner(s): _____

If corporation, name and title of executive officer: _____

Address: _____

Telephone: _____ Facsimile: _____

*This information should be consistent with the information provided to FHFC regarding Principal disclosure and all financial beneficiaries of the development team. An additional organization chart or an approved principal form from FHFC may be attached for further clarification

III. PROPOSED PROJECT FINANCING

A. Proposed Finance Summary: Please provide a permanent loan period detailed sources and uses that is in a format acceptable to FHFC as part of the upcoming SAIL or HC RFA process. The actual form from the FHFC application may be used and provided as an Exhibit ____

IV. ABILITY TO PROCEED

Each Application shall be reviewed for feasibility and ability of the Applicant to proceed with construction of the Development.

A. Site Control (PROJECT THRESHOLD CRITERIA)

Site Control must be demonstrated by the APPLICANT. At a minimum, a Contract for Purchase and Sale must be held by the Applicant for the proposed site. The contract may not until expire 7 months after the application deadline if applying for FHFC funding and if applicant does not currently have a bond allocation reserved by the Authority and the remedy for default on the part of the seller must include or be specific performance, and the buyer **MUST** be the Applicant. Other site control requirements should be consistent with FHFC RFA-2017 108 or RFA-2017-111 as applicable. Indicate which form of site control is provided:

___ Contract for Purchase & Sale, and Title Insurance Commitment showing marketable title in the name of the Seller

___ Recorded Deed, and Title Insurance Policy Showing marketable title in the name of the Applicant

___ Long-Term Lease: If site control is demonstrated by long-term lease, a copy of the executed lease must be provided. The lease may be contingent only upon the receipt of Bond Financing. Also, a Title Insurance Commitment showing marketable title in the name of the lessee must be included. The lease must have an effective term of a minimum of 55 years.

IMPORTANT: If site control is not held by the Applicant, a fully executed, enforceable **contract for purchase and sale or assignment of contract** must be provided which obligates the seller or assignor to transfer the site to the Applicant contingent **ONLY** upon the award of Financing from the Authority or FHFC. Evidence of Site Control can be found directly behind tab labeled "Exhibit___."

B. Zoning and Land Development Regulations (PROJECT THRESHOLD CRITERIA)

1. a. Is the site appropriately zoned for the proposed Development: No ___ Yes ___

b. Indicate zoning designation (s) _____

c. Current zoning permits ___ units per acre, or ___ for the site (PUD).

d. Total Number of Units in Development:

Note: at a minimum, the current, applicable Future Land Use Map Designation and associated Local Government Comprehensive Plan Future Land Use Element provisions must permit the proposed Development. (PROJECT THRESHOLD CRITERIA)

2. New Construction Zoning and Land Development Regulation Development Requirements:

Applicant must provide a letter from the appropriate local government official that the Development is consistent with zoning and land development regulations, which verify that the site is appropriately zoned and consistent with local land use regulations regarding density and intended use. **To meet minimum requirements, attach a letter from the appropriate local government official verifying that the current, applicable Future Land Use Map Designation and associated Local Government Comprehensive Plan Future Land Use Element provisions permit the proposed Development.** The local government verification letter can be found directly behind tab labeled "Exhibit ___" . The form that is provided in the FHFC RFA-2017-108 or FHFC RFA 2017-111 maybe be utilized to meet this requirement.

3. Rehabilitation Zoning and Land Development Regulation Development Requirements:

Applicant must provide a letter from the appropriate local government official that the Development is consistent with zoning and land development regulations, which verify that the site is appropriately zoned and consistent with local land use regulations regarding density and intended use. **To meet minimum requirements, attach a letter from the appropriate local government official verifying that the current, applicable Future Land Use Map Designation and associated Local Government Comprehensive Plan Future Land Use Element provisions**

permit the proposed Development. The local government verification letter can be found directly behind tab labeled "Exhibit__".

V. CERTIFICATION (Original Signatures Required)

The undersigned Applicant certifies that the information in this Application is true, correct and authentic.

THE APPLICANT FURTHER ACKNOWLEDGES HAVING READ ALL APPLICABLE AUTHORITY RULES GOVERNING THE PROGRAM AND ACKNOWLEDGE HAVING READ THE INSTRUCTIONS FOR COMPLETING THIS APPLICATION.

THE APPLICANT UNDERSTANDS AND AGREES TO ABIDE BY THE PROVISIONS OF THE APPLICABLE FLORIDA STATUTES AND AUTHORITY PROGRAM POLICIES, RULES AND GUIDELINES.

THE UNDERSIGNED REPRESENTS AND WARRANTS THAT THE INFORMATION PROVIDED HEREIN IS TRUE AND ACCURATE. THE PERSON EXECUTING THIS DOCUMENT REPRESENTS THAT HE OR SHE HAS THE AUTHORITY TO BIND THE APPLICANT AND ALL INDIVIDUALS AND ENTITIES NAMED HEREIN TO THIS WARRANTY OF TRUTHFULNESS AND COMPLETENESS OF THE APPLICATION.

THE APPLICANT ACKNOWLEDGES THAT THE AUTHORITY'S INVITATION TO SUBMIT AN APPLICATION DOES NOT CONSTITUTE A COMMITMENT TO FINANCE THE PROPOSED DEVELOPMENT. **BEFORE THE AUTHORITY CAN APPROVE THE PROPOSED DEVELOPMENT FOR FINANCING, IF THE DEVELOPMENT WILL BE REQUESTING BONDS AND/OR COMPETITIVE SAIL OR HOUSING CREDITS AND HAS NOT RECEIVED AN ALLOCATION, IT MUST RECEIVE STATE BOND ALLOCATION AND APPLICANTS MUST SUCCESSFULLY COMPLETE CREDIT UNDERWRITING AND OBTAIN ALL NECESSARY APPROVALS FROM THE BOARD OF DIRECTORS, AUTHORITY COUNSEL, BOND COUNSEL, THE CREDIT UNDERWRITER AND CITY COMMISSION AND STAFF.**

_____		_____
Applicant	Date	Signature of Witness
_____		_____
Name and Title ((typed or printed)		Name (typed or printed)

NOTE: ORIGINAL APPLICATION MUST CONTAIN AN ORIGINAL SIGNATURE, OR THE APPLICATION WILL BE REJECTED AUTOMATICALLY